

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000028256 1. Entity Name FIRST RESPONSE ORTHOPAEDIC GROUP, INC.			
Principal Place of Business 2501 NORTH ORANGE AVENUE #340 ORLANDO, FL 32804		Mailing Address 2501 NORTH ORANGE AVENUE #340 ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE			
		04082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0720536 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHICK, DAVID L 301 E PINE ST STE 1400 ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D COLE, DEBBIE B 2501 NORTH ORANGE AVENUE, #340 ORLANDO, FL 32804	
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	